Waley # Tagf Contractor:

Authorized Agent: (Person S DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO INSTRUCTIONS; No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department \$1,000 TYPE OF PERMIT REQUESTED—>
Owner's Name: Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction: \square Shoreland 🐧 Non-Shoreland Address of J SITE of Completion Value at Time donated time & PROJECT LOCATION Owner(s): Anny Municipal Use FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield Country in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) consent to country officials charged with administering county ordinances to have access to the above described propertly at any reasonable time for the purpose of inspection. Commercial Use Residential Use Authorized Agent: **Proposed Use** (If there are Mult include Section 33 SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 Ē Property: Z D Run a Business on Addition/Alteration ☐ New Construction ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain?

If yes—continue —▶ \equiv Is Property/Land within 1000 feet of Lake, Pond or Flowage Legal Description: (Use Tax Statement) Property Birch , Township nck (II) Project < × 3 Residence (i.e. cabin, hunting shack, etc. Other: (explain) Conditional Use: (explain) Special Use: (explain) Addition/Alteration (specify) Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ Principal Structure (first structure on property) Accessory Building Addition/Alteration (specify) **Accessory Building** ☐ LAND USE 3 on behalf of Owner(s)) 0 N, Range APPLICATION FOR PERMIT

OF DELICATION FOR PERMIT

FOR PERMIT

OF D # of Stories and/or basement X 1-Story All Owners must sign or letter(s) of authorization must accompany this application) with Loft with Attached Garage with (2nd) Deck with a Deck with (2nd) Porch with a Porch ake of Foundation No Basement Basement 1-Story + Loft SANITARY | PI | PI | Mailing Addres $\Diamond \Diamond$ (specify) 715 - 773 45c3 Contractor Phone: S PIN: (23 digits) APPLICANT. ≨ City/State/Zip: Raniowkit Rive Fan Print If yes---continue Bayrieid Ce. ZBAHİğ'Bebç. Zoning Dept. SS **Proposed Structure** porch/deck Length: Length: <u>C</u> Year Round Seasonal Town of: PRIVY Use Vol & Page 37'X 32" 302014 ☐ CONDITIONAL USE

City/State/Zip Plumber: Agent Mailing Address (include City/State/Zip): None Distance Structure is from Shoreline: bedrooms Distance Structure is from Shoreline : cooking & food prep facilities) 9 Lot(s) No. Ġ S, Sanitary (Exists) S Width: Width: ☐ Portable (w/service contract) Municipal/City (New) Sanitary None 3 Block(s) No. L Compost Toilet SPECIAL USE Sewer/Sanitary System Date: Refund: Amount Paid: Q, Is on the property? Érmit #: What Type of S Lot Size Volume 115 Subdivision: Recorded Document: (i.e. Property feet (9110) Specify Type Specify Type: (Sp. 12)

Vaulted (min 200 gallon) 7 **Dimensions** B.O.A. Telephone: 715-72-4505 Attach
Copy of Tax Statement
property send your Recorded Deed ls Property in Floodplain Zone? × × \times × **|**× |x|x|x|x|x 730 24 10 Height: Z No Height: 気が Plumber Phone Written Authorization Page(s) 314 8-13-14 7 Are Wetlands Present? Footage C. ᇹ Square ÌX No X Well Water nership) City

If you recently purcha

Address to send permit

White Birch Setback from the North Lot Line Setback from the South Lot Line Setback from the Wheat Lot Line Hold For Sanitary: Issuance Information (County Use Only) Setback to Drain Field

Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feel of the other previously surveyed corner or marked by a licensed surveyor at the own Setback from the East Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Signature of inspector: Permit #: Permit Denied (Date) Setback to Septic Tank or Holding Tank Condition(s): Town, Committee Date of Inspection: Inspection Record: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming ior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from a previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arrived by a licensed surveyor at the owner's expense. Please Was Parcel Legally Created Was Proposed Building Site Delineated Ž by Vaciance (B.O.A.) complete (1) - (7) above (prior to continuing) (1) (2) (3) (5) (6) (7) elow. Draw or Sketch your Property (regardless of what you are applying for) ら Show any (*): Show any (*): **Show Location of:** Show / Indicate: Show: Show Location of (*): Show: Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W) Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: Project Board Conditions Attached? □ Yes □ Yes った Strto <u>ల్</u> బ్ Exes □ No (Deed of Record) E I (Fused/Contiguous Lot(s)) (*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% North (N) on Plot Plan **Proposed Construction** 36 6 7 2000 16/10m Inspected by: Reason for Denial: Sanitary Number: Permit Date: 4 12 Measurement Birch □Yes □ Hold For Affidavit: 看看 Feet Feet Feet Feet Feet Feet てobert Syliwをあい。 No --(If <u>No</u> they need to be attached.)/ Mitigation Required
Mitigation Attached 7:3506 Γ Previously Granted by Variance (B.O.A.)

[] Yes 19700 Setback from the Lake (ordinary high-w Setback from the River, Stream, Creek Setback from the Bank or Bluff Setback to Well Were Property Lines Represented by Owner
Was Property Surveyed 20% Slope Area on property Setback from **Wetland** Elevation of Floodplain hich the setback must be measured o Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: 分下 described to the second □ Yes of bedrooms: Description A58580 £ \$ ~ Ø Affidavit Required Affidavit Attached □ Yes Zoning District Lakes Classification Sanitary Date Date of Re-Inspection: Date of Approval: Underpovek 55 ĭes ⊅ Measurement 朰 \$\\\ 2\\\ NO **\$**\\$ Feet Feet Feet Feet